
	APPLICATION FOR SCALLOP LICENSE	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management Program P.O. Box 21668 Juneau, AK 99802-1668	
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BLOCK A - Scallop Moratorium Permit Number:	THIS BLOCK FOR NMFS USE ONLY
_____	Assigned License Number _____

BLOCK B - APPLICANT	
1. Name(s)	2. SSN (optional) or Tax ID
3. Business Mailing Address (street or P.O. Box, city, state, zip code)	4. Business Telephone
5. Agent or Managing Company, if any	6. Business FAX
7. Is the applicant a U.S. citizen, or a U.S. business (corporation, partnership, or other association)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BLOCK C - QUALIFYING LANDINGS
<p>1. Recent Landings: indicate in which of the following years you made legal landings of scallops under the Scallop Moratorium Permit.</p> <p> <input type="checkbox"/> 1996 <input type="checkbox"/> 1997 <input type="checkbox"/> 1998 (through October 9, 1998 only) </p> <p>2. Indicate Registration Area(s) in which you are claiming qualifying landings.</p> <p> <input type="checkbox"/> Registration Area H (Cook Inlet) <input type="checkbox"/> Outside Registration Area H </p>

BLOCK D - LIST VESSELS USED FOR QUALIFYING LANDINGS			
1. Vessel Name	2. ADF&G Number	3. U.S. Coast Guard Number	4. Length Overall (in feet) on 2/8/99
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BLOCK E - CERTIFICATION		
Under penalties of perjury, I declare that to the best of my knowledge and belief, the information presented on this Application is true, correct and complete.		
1. Signature	2. Applicant's name (print or type)	3. Date
4. Title, if Agent		